



THE COMMONWEALTH OF MASSACHUSETTS  
**Division of Occupational Safety**  
19 Staniford Street, 1<sup>st</sup> Floor  
Boston, MA 02114  
Phone: 617-626-6960  
Fax: 617-626-6965  
Homepage: [www.mass.gov/dos](http://www.mass.gov/dos)

APPLICATION FOR CERTIFICATION AS  
**ASBESTOS ABATEMENT  
PROJECT MONITOR**

(In accordance with the provisions of  
M.G.L. c. 149, § 6-6F and 453 CMR 6.07)

**FOR DOS USE ONLY**

☐ Initial Application  
Certification # \_\_\_\_\_

☐ Renewal Application  
Issue Date \_\_\_\_\_

☐ Duplicate Application  
Reviewer \_\_\_\_\_

Please complete each section by printing or typing the information, attaching all required documentation, and signing the application.

**1. APPLICANT INFORMATION**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residence (Street) \_\_\_\_\_ Tel # ( ) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. EDUCATION BEYOND HIGH SCHOOL** (Attach additional sheets, if necessary)

Name and address of institution attended: \_\_\_\_\_

Degree received \_\_\_\_\_ Date of Degree \_\_\_\_\_

If degree not received: Dates attended \_\_\_\_\_ No. of credits \_\_\_\_\_

Field(s) of concentration: \_\_\_\_\_

**3. EMPLOYMENT EXPERIENCE**

Document a minimum of six months employment experience in the asbestos abatement field, or two months field experience under the direct supervision of a certified Asbestos Project Monitor, as prescribed in 453 CMR 6.07(2)(d)1. Attach separate sheet(s) or a detailed resume, if necessary.

Name and address of employer \_\_\_\_\_ Tel # ( ) \_\_\_\_\_

Current Position/Title \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_

Supervisor's name and position/title \_\_\_\_\_

If claiming two months field experience under the direct supervision of a certified Asbestos Project Monitor, please include the name(s), Massachusetts certification number(s), and the expiration date(s) of the individual(s).

**4. ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:**

- a. A form of photo identification acceptable to DOS that positively establishes the identity and age of the applicant.
- b. Original Asbestos training certificates, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 453 CMR 6.10(2), 6.10(4)(g), and/or 453 CMR 6.10(5).  
**Original training certificates will be returned after review of the application.**
- c. Documentation of a minimum two years of college credit or an associate or technical degree or equivalent.
- d. Documentation of a minimum of six months employment experience in the asbestos abatement field, or two months field experience under the direct supervision of a certified Asbestos Project Monitor, as prescribed in 453 CMR 6.07(2)(d)1.
- e. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgements, received by the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.
- f. **A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$625.00.** If the Commissioner denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

**5. PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE**

I, \_\_\_\_\_, do hereby state, under the pains and penalties of perjury, that I have paid all tax  
(PRINT NAME)

obligations current and due to the Commonwealth as of the date of application, that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**APPLICANTS FOR CERTIFICATION SHALL APPLY IN PERSON AT ONE OF THE DOS OFFICES LISTED BELOW:**

MONDAY - WALK IN SERVICE

19 Staniford Street, 1<sup>st</sup> Floor, Boston, MA 02114 617-626-6960  
[Enter thru Unemployment Assistance Entrance]

TUESDAY - WALK IN SERVICE

165 Liberty Street, Springfield, MA 01102 413-781-2676

WEDNESDAY - WALK IN SERVICE

4 Summer Street, Room 212, Haverhill, MA 01830 978-372-9797

WEDNESDAY - **BY APPOINTMENT ONLY**

167 Lyman Street, Westboro, MA 01581 508-616-0461

THURSDAY - WALK IN SERVICE

1213 Purchase Street, New Bedford, MA 02740 [Enter thru Maxfield St] 508-984-7718

FRIDAY - **BY APPOINTMENT ONLY**

1001 Watertown Street, 2<sup>nd</sup> Floor, West Newton, MA 02465-2148 617-969-7177